

Physical Activities Studied In Rheumatic Heart Patients

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rheumatic fever were studied in an effort to determine whether physical and scholastic restrictions were related to the progression or development of heart disease, they said.

All of the patients were "asymptomatic," that is, they may have had abnormal heart murmurs, x-rays, or electrocardiograms, but strenuous exercise produced no noticeable discomfort, they said. The patients were examined annually at the Irvington House After-Care Clinic for an average of 21 years after their attack of rheumatic fever, they said.

The results indicated that improvement or deterioration in the patients' heart condition had no direct relationship to the presence or absence of restrictions on activities, the researchers said.

Among 141 patients whose school activities had been restricted, the heart condition of 86 per cent remained unchanged or improved while in 14 per cent it became worse, they said. Of 75 patients with no school restrictions, the heart condition remained the same or improved in 92 per cent while it became worse in 8 per cent, they said.

The heart condition became worse in 15 per cent of 66 patients whose after school hours activities were restricted and in 11 per cent of 150 who observed no such restrictions, they said.

After completion of schooling, worsened heart conditions were found in 14 per cent of 42 patients who observed restrictions and in 11 per cent of 174 patients who did not, they said.

Psychosocial aspects of restriction of activities also were studied, the researchers said. The findings indicated that in some cases restrictions had adverse effects on scholastic, occupational and marriage plans, they said.

"These results suggest that no useful purpose is served by many of the scholastic, athletic, vocational, and other physical restrictions that are often imposed upon the asymptomatic post-rheumatic fever patient," the authors concluded.

"These restrictions do not seem to prevent or to augment cardiac deterioration and they may create unpleasant psychosocial effects that negate any of the anticipated medical advantages."

AMODIAQUINE HYDROCHLORIDE IN TREATMENT OF CHRONIC DISCOID LUPUS ERYTHEMATOSUS—A. Maguire. *Lancet*—Vol. 1:665 (March 31) 1962.

Seventeen patients were treated for chronic discoid lupus erythematosus with amodiaquine hydrochloride. All patients were of marked chronicity and in the past had received at least one other antimalarial drug. Sixteen had a good response to the drug, and in some the response was dramatic and excellent. Few serious side effects were observed. The dosage appeared to be not more than 200 mg. daily, and usually 200 mg. 3 times a week sufficed.

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1. Cohen, B. M.: *M. Times* 88:855 (July) 1960. 2. Cohen, B. M.: *Méd. et Hyg. (Genève)* #494, p. 210 (Mar. 15) 1961.

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